

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
101585893

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
			1 st AMENDMENT		2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1			
TOTAL DEP.			13			
TOTAL CLAIMS			14			

	AS FILED		AFTER		AFTER	
			1 st AMENDMENT		2 nd AMENDMENT	
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